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Puppets on a String? How Young Adolescents Explore Gender and Health in Advertising

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Abstract

This article presents qualitative research on young adolescents' abilities in communicating and evaluating health messages in advertising especially how they understand and create gendered identities. A group of grade 6-8 students learned about media techniques and movie making. In groups divided by gender, they created iMovie advertisements for health activities in their school. They represented themselves in these advertisements by creating stick puppets. Observations during lessons, examination of movies and puppets, and interviews with students and their teacher revealed that young adolescents were neither completely manipulated by media nor were they completely in charge of their responses to media's messages about gender. Offering students an opportunity to de-brief media experiences also helped them to develop critical media health literacy.

Keywords: *adolescents, gender, health, advertising, media, media literacy,*

Adolescents of the 21st century are coming of age in a highly visual world. One of the main sources of visual representations focused on the youth market is the advertising messages of the commercial media (Begoray et al. 2013). Advertisers specifically target adolescents in highly engaging ways to encourage purchasing of goods and services. Advertisements, however, also display body types, social behaviours, and so on, which shape general societal norms. These messages have implicit health implications for adolescents with negative messages predominating especially in the portrayal of unrealistic and unhealthy role models for both girls and boys. For example, one of the main quests of adolescence is their search for gender identity: how to portray themselves and behave as men or women. In advertising, adolescents encounter depictions of gender appearance and behaviour in often highly stereotypical ways. But in their responses to advertising, are adolescents as puppets on a string, manipulated helplessly by advertisers or are they

savvy consumers who question advertising messages?

This article reports on the findings of a research project in which we looked specifically at the interaction of gender with advertising, which includes implicit health messages. We asked: How do young adolescents reveal abilities in communicating and evaluating health messages in advertising? How do they understand and create gendered identities? We begin with a brief overview of the literature in concepts surrounding *critical media health literacy* (CMHL) (Wharf Higgins and Begoray 2012), the interaction of gender and identity in advertising for adolescents, and the role of CMHL in health education. We then discuss the role of media in health education in our home province of British Columbia, Canada. We introduce the study context and methods followed by our results. In conclusion, we offer implications for both research and practice.

Researchers' Stance. As qualitative researchers, we believe in multiple realities. We seek to hear all participant voices and acknowledge that we are participants in our research, but also in a powerful position to influence findings. We therefore take this opportunity to declare our belief in health promotion and in the importance of the education of adolescents as citizens who can function critically in a democratic society. Authors Begoray and Wilmot have experience in public school classrooms as educators with expertise in literacy and media education. Begoray is also a university professor in Education. Banister is a registered nurse and psychologist as well as a university professor. Wharf Higgins is a professor with a research chair in health and society. Together we form an interdisciplinary team, which we believe was uniquely positioned to undertake the research reported below.

Background

Health Literacy. Our work in health literacy uses the Canadian definition "to access, understand, evaluate, and communicate information as a way to promote, maintain, and improve health in a variety of settings across the life-course" (Rootman & Gordon-El-Bihbety 2008, 3). Information can of course be encoded in various ways: print, visual, oral, and multimodal. In this project we examined adolescents' understanding, evaluating and communicating of health messages in the visual, oral and multimodal realm. Critical engagement with these visual messages by adolescents is especially important given the aggressive messaging of advertisers and their specific targeting of adolescents, notably by tobacco (Pollay 2000), alcohol (Austin and Hust 2005), and the food and beverage industries (Palmer and Carpenter 2006; Weber, Story, and Harnack 2006).

Health Literacy and Health Outcomes. In keeping with the logic that priming healthy behaviours early in life will improve health outcomes in adulthood (Marx et al. 2007), we might expect similar success from developing health literacy skills (Chang 2011; Ghaddar et al. 2012). Logically, health literate students who are able to understand and apply health information through, for example, appraising the credibility, accuracy and

relevance of information, should be able to act on that information to change their health behaviors. However, despite much research demonstrating the association between health literacy and health and social outcomes (Marks 2012), currently no evidence exists directly linking health literacy to improved health outcomes or equities (Diamond et al. 2011). Our study helps to address this knowledge gap by offering contextually rich descriptions of a case study in which a *critical media health literacy* strategy (Wharf Higgins and Begoray) was used to address the question of gender equities with middle school adolescent boys and girls.

Critical Media Health Literacy. We define CMHL as: a right of citizenship [that] empowers individuals and groups, in a risky consumer society, to critically interpret and use media as a means to engage in decision-making processes and dialogues; exert control over their health and everyday events; and make healthy changes for themselves and their communities (Wharf Higgins & Begoray). The need to educate adolescents to read/view and question messages that are conveyed through media is well documented (National Council of Teachers of English 2008; Luke 2000; Tate 2011; Torres & Mercado 2006), and recently argued is that we must see media literacy as a "core competency for active, engaged and participatory citizenship" (Mihailidis & Thevenin 2013, 1). Brown, Halpern and L'Engle (2005) argue that the media offer more messages about sexual health than other sources of health information in adolescents' lives often including school health education. Researchers internationally have stressed the impact that media has on health. The Centre for Media and Child Health, for example, maintains that media are "an environmental health issue" (Rich 2013, 456) and have the potential to have both positive and negative influences on youth health. While we acknowledge the tremendous positive impact of public health websites and mass media public service announcements on everything from road safety to vaccinations, we also maintain that the commercial media has more questionable aims.

CMHL and Adolescents. Our main emphasis within this research study was to explore adolescents' critical understanding, evaluation, and communication of gendered health messages in

media advertising. Media exposure plays a major part in showing adolescents a set of role models, especially those that focus the adolescent as consumer.

Media are powerful pedagogical locations for influencing adolescent cultural norms for physical appearance, including body and dress in stereotypical ways (Bosacki et al. 2009). Clothing identifies the wearer—adolescent or not—with role models seen in media, such as sportswear of famous athletes or dress of musicians, or famous or infamous media stars, and is sometimes hyper sexualized (Bessenoff 2006). These stereotypes extend to both male and female depictions. Media images of men that project the media ideal of the highly muscular build, found increasingly in male action toys and popular media characters (Ricciardelli & McCabe 2004), are as mostly unrealistic and unreachable as media ideal images of thinness for women (Leit, Gray & Pope 2002).

Nevertheless, adolescents are immersed in media. One popular type of online multimedia embraced by adolescents is the short video which modern technology such as cell phones and downloadable apps has made easy to access and to create. There is an explosion of videos on sites such as YouTube—60 hours uploaded per minute—and there is growing interest on the use of YouTube for health education (Manning 2013). Bergsma (2011), in writing about the teaching of health using multimedia, posits that multimedia literacy education “must be grounded in inquiry-based, process-oriented pedagogy” (27). Haines-Saah and Oliffe (2012) concur and add “images are typically seen as more empowering alternatives to traditional health research as they seek to engage participants in the research process, thereby privileging their interpretations and experiences” (130). Levin-Zamir, Lamish & Gofin (2011) call for “future research [which] should consider the influence of [media health literacy] in achieving outcomes through promoting adolescents’ critical thinking, reasoned choices and active participation in promoting their own health” (334). We included this strategy as a main feature of our study.

Gender and Identity in Advertising. Our second emphasis within this health literacy research study was to explore the influence of gender on

understanding, evaluating, and communicating health in the media. We understand gender as “a social construct, a multidimensional determinant of health that intersects with culturally prescribed and experienced dimensions of femininity and masculinity” (Bottorff, Oliffe & Kelly 2012, 435). According to Clemans et al. (2010), “[g]ender identity and gender behavior develop via the interaction of the person with the context, and context has multiple levels including the media” (54). The incidental and passive learning that occurs with the media may contribute to youths’ lack of awareness of its impact and acculturate adolescent behaviors, including gender enactment through social comparison and socialization (Clay, Vignoles, & Dittmar 2005; Kaplan & Cole 2003).

Gender identity development is a significant exploration for adolescents; however, “in most of the reviewed studies, gender issues were understudied and accounts of gender differences in media’s effects are rare” (ter Bogt et al. 2010, 845). Oliver’s (2001) account of a critical inquiry with eighth grade girls examining images of the female body from popular culture, particularly those in girls’ and women’s magazines, described the challenges in engaging the participants to think of themselves and other girls in ways that were not contained and represented in teen magazines. This difficulty with helping girls to move beyond established ideas indicates how media portrayals limit, and constrain meaning and possible ways of being. There are exceptions: for example, one study examined the effectiveness of school-based media literacy lessons in reducing adolescent boys’ and girls’ internalization of media portrayed body ideals (Wilksch, Tiggemann & Wade 2006). Media literacy instruction was found to be a promising tool for preventing youth from internalizing media ideals and developing eating disorders. Tantalizing results in the Realm-TEEN (Davis et al. 2006) quantitative assessment did reveal some gender differences in levels of health literacy, with girls scoring significantly higher than boys on reading a list of health related words. Similarly, research on media health literacy by Levin-Zamir, Lemish, and Gofin (2011) also demonstrated girls’ advanced performance compared to boys on quantitative assessments of media health literacy.

In explorations such as our study, however, adolescents are seen to be working on discovering who they are; they are continually observing the culture surrounding them, searching for direction in answering the question ‘Who am I?’ (Williams 2004). Glenn (2012) maintains that for adolescents, “performance-as-identity has a particular urgency and intensity” (4). They deliberately take on and cast off roles and perform according to their understanding of the roles’ affordances. As they do so, they begin to establish their adult identity.

Media exposure is associated with self-image (Brown, Keller & Stern 2009) and plays a major part in showing adolescents a set of roles, ones that focus the adolescent as gendered consumer. Our study featured the use of participant-created multimedia—an *iMovie* public service announcement that served to “access participants’ views of gender and gender relations” (Haines-Saah & Oliffe, 131) by allow[ing] participants to show us ways of *doing* gender, as opposed to only *telling* it” (Haines-Saah & Oliffe, 141; emphasis added). It is this ‘doing/performing’ gender, which we featured in our research study.

Health Education. We move now to a discussion of CMHL within health education in the schools. Schools, now the only institutions that touch the lives of all/most adolescents, can play a vital part in encouraging the adoption of positive health behaviours; that is, in assisting adolescents to understand the problematic roles the media thrusts upon them and to try on new roles that resist or at least question such positioning (Harré & Van Langenhove 1999; Begoray et al. 2012). For example, scholars such as Walkerdine (2007) suggest that the adolescents can critically discuss the ubiquitous highly gendered characters and behaviors present in media, and “adopt them, challenge them and otherwise attempt to deconstruct representations” (45).

While we recognize that general education is a necessary but insufficient component of health behaviour change, enhancing students’ health literacy and identity as part of a health education curriculum has great potential for improving students’ access to—and interpretation of—health information (Gray et al. 2005; Marks & Wharf Higgins 2012), and should be considered a learning outcome (Paakkari & Paakkari 2012) for lifelong and

life-wide health. Informed by our earlier work (Wharf Higgins & Begoray), and the literature, we suggest drawing on and blending the pedagogical traditions of media education (e.g., Rogow 2004) is necessary to prepare youth to become empowered health consumers. A health education curriculum must be founded on critical frameworks to integrate health literacy (Rootman & Gordon-El-Bihbety), media literacy (Hobbs & Frost 2003) and media activism/cultural studies (Buckingham 2003) literature, and be layered and sequenced to encourage the development of a positive identity.

Health and Career Education in British Columbia, Canada. In British Columbia’s *Health and Career Education Curriculum K to 7* (British Columbia Ministry of Education 2006) there are four health education topics, each with a number of references to media: healthy living (e.g., “analyze factors [including media and peers] that influence personal health decisions,” 111) healthy relationships (e.g. “describe a variety of influences on relationships [peers, family, media, physical and emotional changes] as a result of puberty,” 113); safety and injury prevention; and substance misuse (e.g. “analyze media and social influences related to substance misuse,” 115).

A list of prescribed curricular outcomes is of course but one part of the lessons enacted in the classroom. Curriculum as implemented needs to be constructivist, discovery-based, and participatory (Wharf Higgins & Begoray 2012) in order to appeal to an adolescent audience. Teaching critical thinking can be best supported through instruction that supports the creation of personal texts (Worthy, Moorman & Turner 1999) in collaboration with peers and adults and which is “hands on” to support development to more abstract thinking (Begoray, Wharf Higgins & MacDonald 2009). Most importantly, in keeping with the tenets of health promotion, a health literacy curriculum should engage youth in its design so that it resonates with their experiences, is meaningful in terms of both health and media habits (MacDonald et al. 2011) and encourages a critical stance towards all messages.

The *British Columbia Health and Career Education 8 and 9* curriculum for grade 8 notes, as a major outcome, that students be able to “analyze influences on [health], including family,

peers, and media” (British Columbia Ministry of Education 2005, 20). Discovering ways to ascertain and assist adolescents in their abilities to critically read media messages, however, is problematic. For example, Janks (2002) observes that often advertisement deconstruction—a common classroom activity—does not add to critical literacy development at all, but simply reinforces adolescents’ attraction to advertised products. A more powerful pedagogy is that of redesign; that is, actual visual representation (e.g. creation of ads) by students that incorporates their own cultural understanding (Alvermann 1998).

Manganello (2008) comments in her call for more research into adolescent health literacy that “health literacy skills (which include media literacy and critical thinking) are necessary for adolescents to be able to access health information from mass media, understand the content and evaluate the credibility of the information they obtain” (843). What is largely missing in the literature, however, is the role that communicating health understanding through new media might reveal about the gender identity in the understanding of adolescent boys and girls.

The Study

Our study was based on a social constructivist interpretive frame. We assume learners build knowledge in collaboration with others (Vygotsky 1978) and that knowledge is mobilized most successfully when learners are cognitively and affectively involved (Paakkari & Paakkari 2012). We have previously suggested that an individual’s health literacy develops in a social ecological framework (Wharf Higgins, Begoray & MacDonald 2009); that is, that there are varying influences, both proximal and distal to an individual, which affect their health literacy. This ecology is a web of relationships among, for example, students, teachers, family members, friends, community, and government mandated curriculum documents and of course the media. More specifically, we based the present study on principles of and research on health literacy, health outcomes, critical media literacy, and gender.

Heeding the advice of Botoroff, Oliffe, and Kelly that “gender and qualitative research are a good match, because gender is [...] an active relational process” (436), a case study approach was used to explore the gendered adolescent culture of both boys and girls within the case of a film creation project. A case study approach is used to explore a phenomenon within its context using various sources of evidence, obtained by various data collection techniques, which enhances data credibility (Yin 2009). Our approach was used to explore how adolescents (ages 12-14) critically analyze, evaluate, and create gendered health messages conveyed through the media, how they develop these critical media health literacy skills in a health education class, and how a youth developed and centered video production project works as an innovative health promotion tool. Case studies are useful exploring the dynamics within a particular setting as in this case, which is a school-based project (Yin 2009).

Our previous mixed methods study on developing curriculum on media health literacy (Begoray et al 2009) helped us gain entry into a Canadian urban lower middle class, predominantly Caucasian with a minority Aboriginal and Asian population, middle school in a mid-sized city on Canada’s west coast. That study helped build rapport and our credibility as researchers with teaching staff and administrators. A teacher, who was a former graduate student of the principal researcher, facilitated our access to the school. *Waterfront Middle School* (all names are pseudonyms) served students in grades six, seven, and eight for both Early and Late French Immersion and regular English instruction. Nine female and 18 males volunteered to participate in the study. All but two participants were Caucasian. One of the boys and one of the girls was Indigenous.

Data Collection and Analysis. Multiple methods are characteristic of case study (Yin). Therefore, we conducted individual interviews (Kvale and Brinkmann 2009), group interviewing/focus groups (Barbour 2005), and participant observation (Spradley 1980) as methods for collecting data. A teaching phase was followed by individual interviews and focus groups, with participant observation data

collected during each phase. It was important that we first establish a classroom environment that fostered a sense of trust and helped to challenge the traditional teacher-student power balances—"important conditions for critical literacy development" (Ashcraft 2012, 608).

Teaching Phase. Lessons were delivered during the school's Friday afternoon "exploratory" time which was devoted to a variety of extracurricular, classroom based activities, which were mixed across class and grade configurations.

With the assistance of the teacher to insure a mix of grades, participants were assigned by gender to one of eight groups in order to "foster a more comfortable environment from which issues of gender may be broached and discussed" (Moeller 2011, 478). There were five groups of boys and three groups of girls, each with three or four members per group. The groups represented a cross-section of participants by grade.

A graduate student research assistant who was an experienced technology teacher delivered six, two-hour lessons to the participant group (n=27). Students were taught how to use *iMovie* and *Green Screen* technology on iPads for creating two minute health advertisements to market healthy extracurricular participation among peers. Participants were instructed to choose one of three topics for their advertisements (designated by school administration): leadership, team sports, or nutrition. Rather than acting in their advertisements, which might have caused problems of anonymity and confidentiality, students were supplied with art materials for creating stick puppets. The students' puppets represented them as a kind of "avatar" and were manipulated by the students during the filming. Students were free to portray themselves however they wished. Eight graduate student research assistants were assigned, one to each group, to assist with the actual filming and editing phases.

Data collected during the teaching phase included the researchers' and research assistants' observations of group behaviour. We used a

protocol including time/instructor activity/student activity & dialogue/comments by observer adolescents (Begoray et al.). Each group's comments on gender were also noted and questions posed during the activity to encourage reflection on these representations. Questions posed during the activity included: *Why did you decide to show only boys in your ads? In what way would your ad be different if you included girls?* At the conclusion of the teaching phase, puppets and completed advertisements were also collected as data.

Individual and Focus Group

Interviews. After completing their advertisements, 22 students participated in individual interviews and 25 students participated in focus group interviews. The interviews were scheduled over a two-week period and took place in the classroom during lunch break. Individual interviews focused on participants' perception of the puppets, and how the media and gender informed the characters and the advertisement's storyline. We invited participants to comment on differences they noticed among the puppets and why they were different such as: *What are the differences between girls' and boys' puppets? How do you see some of these differences in professional ads?* Each interview was 20 minutes in length, and was audiotaped and transcribed for analysis. Finally, we conducted a one, half hour interview with the teacher assigned to the classroom as a supervisor for student attendance, behaviour and so on. This teacher had also participated in our previous research work in the school.

Following individual interviews, we conducted seven gender specific focus groups (Lehoux, Poland, and Daudelin 2006) to gain insight into how gender influenced participants' advertisements and of how the puppets represented parts of themselves. For example, we asked: *How do you see yourselves in the puppets you created? How might this image relate to you being a [boy or girl]?* We interviewed three groups of girls (n = 5, 3, & 2) and four groups with boys (n = 4, 3, 3, & 2). Focus-group discussions were approximately 20 minutes in length and were audiotaped. We also kept field

notes of our observations of interactions within each group.

Analysis. All focus groups, individual interviews, and field notes were transcribed. To increase the trustworthiness of the study, we each read and coded the verbal data (interviews, observations, field notes) in their entirety (Creswell 2008) and then further analyzed utilizing a constant comparison method (Boeije 2002) until categories and themes emerged in an inductive process. We noted similarities and differences, consistencies and inconsistencies (Boeije). We compared and contrasted codes we each had developed to determine if they were logical and supported by the data and offered new insights (Charmaz 2005). We then used grounded theory analytic strategies (axial coding, memoing, clustering, and factoring) to more deeply interpret patterns and relationships among, between and bridging the codes in order to collapse and group them more conceptually (Strauss & Corbin 1990). In doing so, we examined the categories for higher-level concepts to transform the data from categories to themes. We examined the puppets and advertisements for visual elements and also compared them to other data in order “to explore the relationship between visual and other (including verbal) knowledge” (Pink 2001, 96). For example, puppets were examined for body build/shape, clothing, and hairstyle.

Ethics. The study was reviewed and approved by our university’s Human Research Ethics Board. School staff arranged for consent forms to be completed and signed by each participant’s parent and/or legal guardian and by students prior to the start of data collection. The teacher participant also signed consent. In addition, we applied for and received permission from the school district superintendent and school principal.

Findings

Three themes emerged from the analysis process: creating space for expression and reflection; performing gender, and engaging in critical conversations, all of which have

implications for adolescent health. First, we found that students were empowered by the opportunity to express their ideas in creative ways with other group members and then to reflect on that experience throughout the study. Second, we discovered that students were behaving in gendered ways as they discussed their work—whether or not the overt topic was ‘gender’. Third, we observed students engaging in critical conversations during the interviews and focus groups as they debriefed their work. We found that through their participation in the study, participants discussed their understandings and articulated their views of the interaction of gender with health advertising—especially in terms of gender identity.

Creating Space for Expression and Reflection. Examination of advertisements and puppets and the transcripts of interviews revealed that this research activity, which featured participants creating their own media texts, served as a personally relevant and engaging classroom approach to learning critical media health literacy. The project used concrete, hands-on approaches to engage students and encourage expression. The use of technology also proved to be motivational and appropriate for the interests of these adolescents. The production task was flexible enough to permit their expertise and creativity to emerge. The presence of researchers during and after filmmaking who engaged participants in conversation (e.g. *why is this character dressed in this way?*) provided the students with an opportunity to reflect upon their creation.

We enabled students to build upon their prior knowledge and skill with using digital technology and give them control in creating their health advertisements. The students were able to choose their own topic for use in their advertisement within the health education theme. The teacher commented “It was high motivation and high engagement ... they were thinking like a producer would or someone writing a commercial for this audience [peers] and what the audience would like.”

In one of the focus groups, two female participants discussed their preference for hands-

on creation of visual texts to more traditional classroom activities:

Participant 3: It's different than what you're use to in class, because you learn and then you fill out some work sheets.

But this one you get to learn and then experiment with what you just learned.

Participant 4: Well, I think it's a more, better than classes because you're more hands on here. Like you're actually setting up the sets and taping it and doing the scripts and everything and it's just pretty cool.

The freedom to create their own media texts also empowered these students. Often adolescents find themselves relatively powerless: with parents, with teachers in the classroom who are often overly controlling (Banister & Begoray 2013), and in their interactions with media where they are positioned as passive consumers (Begoray et al.). In this project, students could exercise their ability in a risk free environment. In an individual interview, the teacher commented: "I loved that they made their cartoons and their characters and I liked the safety of that. That it wasn't them in person..." Adolescents are often self-conscious (Bowker & Rubin 2009), and the creation of puppets allowed them to represent themselves however they wanted. The teacher further observed that had students been told by us that they would "make a commercial and you were starring in it" and that the audience was other middle school students at their school, the project would have turned out very differently. She pointed out that if they had acted in the commercials as live actors that, "the kids would have got really hung up on those middle school kind of values and what they think are important for middle school students which is ... what you don't want..." She clarified, "if you are worrying about, you know, your hair and your makeup and whether [you're] thin and beautiful and popular, and portraying that on the screen..." it becomes difficult to focus on the health message of the advertisement. Indeed, such emphasis on body image values serves to

reinforce cultural ideals such as "the desirability of thinness and sexiness for women and a lean, muscular build for men" (Bosacki et al. 2009, 341).

Engagement in our study also provided space for some participants to move beyond stereotypical views of their group members, as one girl noted: "It's funny because you saw it, you didn't see it as, 'oh this person is good at math' or this person, you didn't see it like that ... like we saw the creativity of the members." Seeing themselves and others as co-creators in a different kind of activity from those in a traditional health classroom engaged these adolescents who proved to be insightful about the power of recognizing new talents in their peers.

Through engagement with media production, participants were offered avenues for creative self-expression. Just as powerful however was the opportunity to reflect on this endeavour. This theme also included the recognition of their own power to create and be seen as being creative by their group members. During this project of creating an advertisement for their peers to promote a healthy school activity, the gendered nature of media soon arose and we found them performing gender while working on their production.

Performing Gender. "Gender is a fluid concept" (Williams 2004, 477) which for our adolescents was explored more freely when engaged in creating media texts. We found that participants drew upon their own cultural interests and resources to construct their advertisements. When asked how they decided what their puppets should look, act and sound like, one group of female students replied:

Participant 2: Well, we just sort of started making ourselves.

Participant 3: I think we just kind of started making puppets that would look kind of like ourselves.

Participant 5: And, we kind of made the script off things we would kind of say.

Participant 4: To make it sounds realistic, to make it sound natural so that it actually flows a lot.

While not mentioned in this exchange, the puppets they created, which we used as props to help generate this discussion, revealed their ideas about gendered depictions; that is, how they were “performing gender” visually. Several of the girl puppets appeared as Taylor Swift look-alikes with short skirts and fishnet stockings. Some boys created themselves as scowling, muscled figures. For example, one boy described the “angry” facial features of a character in his group’s advertisement:

Participant 6: Umm, it’s just we were doing a video where, um, there would be one guy and he would be getting tackled by a bunch of the rugby players, so I guess he’s gotta look angry, if he’s tackling someone. Because I play rugby and I know that if you are going to tackle someone you’re not going to be like “Yayyy” with a smile on your face.

Angry, scowling faces were present on many of the boys’ puppets.

We found that the freedom to create the puppets helped the participants begin to discuss traditional depictions of gender and sexualities. During interviews, we asked participants to comment on their own puppets and also on the puppets of other groups of opposite gender. In comparing the facial features of puppets created by her group, a female participant said, “I think like because, I find guys often have like more prominent jaws and stuff, and chins. And I think just are, like the features were a bit softer in ours.” In an individual interview, a male participant described a male puppet that was created by girls: “I don’t know, to me he looks transgendered ... he has a little, I don’t know, like the head looks more like a girl and the body shape looks more like a girl and the hair looks like a girl.”

We found that while constructing media health messages; that is, creating the puppets and films in gender specific groups, participants in both girl and boy groups were hesitant to speak

in favor of alternative views of gender from that of their peers. For example, when creating their storyline for their health advertisement, one group of four boys initially agreed that girls do enjoy soccer, but for different reasons than boys. As a group they portrayed boys as playing to “score goals and to party” but when asked what girls would enjoy about soccer one participant answered, “Don’t know.” Later in the study, another boy, however, said in a one-on-one conversation with a graduate student observer, “I don’t care what anyone says, girls can like what boys do!” However, another research assistant noted that his boy group’s storyline about the health benefits of playing badminton represented traditional views of gender: “The video represented traditional gender roles where the men are the focus and women support the men.”

Performing gender happened in oral discussions and in visual representations. These adolescents struggled to find a way to convince their audience of middle school peers to adopt healthy school activities while considering the gendered aspects of their production. At times, they were able to both consider changes and then enact them; however, at other times they lapsed into stereotypical representations of girls and boys.

Engaging in Critical Conversations.

We move next to the theme of critical thinking. This theme contained elements of creation, reflection, and gender from themes one and two, but included primarily the presence of the adolescents’ ability to discuss their points of view, challenge gender issues, reconsider creative choices and in general reflect more deeply. While the creation of iMovies was engaging for students, much of their reflection and processing of the lessons came during the individual (DiCicco-Bloom & Crabtree 2006) and focus group interviews (Warr 2005). In both contexts, the participants were engaged in the co-construction of meaning. Furthermore, within the focus group context, both the content of comments and process of group interaction provided insights into both personal beliefs and available collective narratives held by participants (Warr 2005). Such non-linear

processes of learning about the interaction of the media and gender occurred repeatedly for our student participants.

Engaging in interaction in both individual and group interviews encouraged the demonstration of students' critical literacy practices. We noticed an iterative process in students' awareness and ability to critically analyze gender representations in their health advertisements. For example, in a focus group conversation, male participants discussed gender representation in advertisements and also by referring to their puppets:

Interviewer: When you watch advertisements, what message are a lot of those giving about females ... and about males?

Participant 1: Males are tough, tough guys, who go out into the world and work hard.

Interviewer: [gesturing to puppet] That's what the five o'clock shadow is, isn't it? Okay, keep going.

Participant 1: Work hard day and night, and they come home and depending on the commercial, if it's a woman's commercial usually, the woman, the women are portrayed as, yes doing some cleaning, but whereas, usually if it's like ...

Participant 2: I don't know. Women in, oh and in women commercials, usually the guys are portrayed as being sort of dumb, like or just lazy, really lazy.

These students recognized the stereotypes of masculinity such as the working-man or the lazy man. Students grasped the concept of "stereotype" in discussing health media messages, directly citing its application 28 different times throughout the focus groups and individual interviews. For instance, one of the female participants described her understanding that:

a lot of ads I find are really stereotypical. Like, the girl will be really skinny and

she'll have nice hair and be wearing a lot of makeup and stuff. And like guys will be dressed like cool or sporty.

Furthermore, within the focus group context participants were more candid in challenging traditional media views of gender than they were during the classes as the following conversation between two male students illustrates:

Participant 2: But I think if ads, and, like another big thing is clothing. If clothing was like similar between both genders, and I thought boys, I think boys and girls would be closer together and understand each other more.

Participant 1: It's one of those things where there are pros and cons, to it

Participant 2: Uh huh.

Interviewer: How's it a pro? How's it a pro to have boys and girls understanding each other?

Participant 1: I think even in the long run, like I think it would stop less fights.

Participant 2: uh huh

Participant 1: like 'oh you're a boy-girl or you're girly boy'

Participant 2: Yah you can't hang out with her.

Participant 1: Ads I think, like I think it would stop in the long run to if you grew up having boys and girls equal and more girls understanding boys more and boys understanding girls more. Relationships and stuff would be better.

The data suggest that participants' perception of engaging in a media literacy strategy was that they could critically reflect on the media production and the effect that media industries can have on individuals and their understanding of gender. (We cannot, of course, determine causality—that is, whether or not the curriculum enabled this level of critical thinking—but rather report here on participants' opinions.) For example, during a focus group conversation, when asked about their learning from participating in the study, both males and

females commented on the media strategies that at best are clever and at worst manipulative:

Participant 1: We learned more about like advertisements influence certain people and how it, like we really got more of a behind the scenes look at them, and advertisement making.

Interviewer: Okay.

Participant 2: And more of an understanding of how they make everything.

Participant 1: And how they target certain audiences.

Participant 2: Yah.

Interviewer: Okay.

Participant 2: A lot of ad hooks and things like that.

Participant 5: A lot of them are twisting their words. It's like an opposite mirror, and they're completely converting the trust into a lie to make you want to do it.

Participant 4: It really gets your mind focused on the stereotypes again because like 'boys can do this, but girls can't.' It's the stereotypes again and again, and you see it so much that it's imprinted in your head.

Students were eager to discuss the gendered representations found in advertisements commercially and imitated in their own ads for healthy activities. Encouraging critical dialogue was sometimes as straightforward as asking about other ways they might have presented their ideas for a different audience. For example, in a focus group conversation, two boys discuss a difference in their advertisement in order to reach an audience of girls:

Interviewer: What would you have done differently to target girls? To have girls really interested?

Participant: I think you would probably switch the gender roles, so have more like girls playing badminton, and saying like 'hey girls can play in this sport too' and have it more like, girl power.

In the process of engaging in these conversations, some participants critically reflected upon the influence of popular media on gender and health and how the media sells products to adolescents that may not be healthy for them. In an individual interview, a female participant asserted: "I think like for girls especially, it's really important not to compare yourself to the girls you see in magazines because that's society's idea of what's pretty or perfect." She went on to explain:

I find society is, very like, skinny is what's pretty and stuff, it's not just magazines like that, that are saying that, like even health commercials can be like, 'Oh lose weight this way, be healthy'. But you don't necessarily need to be skinny to be healthy. So I find it's not just the modeling that's like advertising skinny, as pretty, it's also health media.

In another individual interview, a male participant articulated how advertisements reflect stereotypical images of males and females:

I think that advertisers in their commercials want girls to be, look, as pretty as possible, like if you want like, I want to say one of those perfume commercials or whatever, they have to, like big name celebrities, like Taylor Swift and all those. And for like guys you know they show the NHL guys and NFL, baseball and stuff that reach out more to guys, the, like NHL especially.

This participant's response indicates his understanding of the power of the media and his ability to apply critical skills in examining media messages. Whether he understood this idea before entering this project, or developed his understanding during the research is nevertheless not clear.

It is particularly noteworthy that focus groups can facilitate the co-construction of a variety of views about sex and gender. As a method, qualitative health researchers might look

to this approach to both gather data but also to encourage deep critical thinking by adolescent participants.

Discussion

Our findings suggest that using activities that engage adolescents in creating, analyzing, and evaluating health advertisements can illuminate ways in which they are already using critical media health literacies in their lives. As Ashcraft (2009) reminds us “conversations about media messages and how they are produced and reproduced can be a powerful resource for developing young adolescents critical analysis about a variety of content including that of gender” (601). Using first the theoretical framework of critical media health literacy (Wharf Higgins & Begoray 2012), this study focused on an exploration of how we might empower adolescents “to critically interpret and use media as a means to engage in decision-making processes and dialogues” (142) using interactive and hands-on classroom learning activities.

Second, our research suggests that engaging students in media literacy practices such as creating health advertisements provides opportunities for critical analysis of how popular media informs and shape their understandings of gender and of themselves. Williams (2007, 305) asserts, “When students understand that their values and assumptions are constructed by the culture, they then have the power to connect with those values or to explore alternatives.” How to understand the media however also demands further discussion of the power of the media and the sources of its “power to marginalize” (Kuzmic 2000, 123) certain people, messages, classes, groups, and genders.

We know that “identity [is] in part, the social positioning of self and other” (Chittenden 2011,197). Educators can help students create identities as critical consumers and position themselves to challenge advertisement claims (Begoray et al.) in safe places where they can discuss, develop, and practice these identities (Curtis 2008). The media is especially fierce in

its positioning of girls and boys as gendered beings of a stereotypical type; therefore “how to educate teenagers to use media in a sensible and healthy way has gained new urgency” (ter Bogt et al., 857). Qualitative research helps to reveal richer understanding of the nuances of girls and boys understanding beyond measurement of tests such as REALM-TEEN (Davis et al. 2006). Projects similar to the one presented here help promote the formation of an adolescent’s healthy skepticism of health messages in media advertising and its presentation of gender.

Strengths and Limitations of the Study.

This study offers contextually rich descriptions of how young adolescents’ engagement in creating media texts allowed them to reflect upon and critically question media influences on gender and health which other educators, parents, clinicians and those involved with adolescent health may find useful. As Bottorff, Oliffe, and Kelly (436) comment: “Gender and qualitative health research are a good match, because gender is not a variable that can be isolated manipulated, but an active relational process. Gender is socially constructed, dynamic and influenced by contextual factors.” Our social constructivist lens, our emphasis on these adolescents’ dynamic views of gender in the media, and examination of classroom context as well as media influence are strengths of this study.

The credibility of our study was further enhanced by being conducted over six sessions totaling 12 hours, featured multiple types of data, and involved three researchers in the iterative coding and analysis of these data. Our prolonged engagement in this particular middle school over a two-year period established trust and credibility with the teaching faculty and student body. Moreover, in heeding Berliner’s (2002) caution of the challenges inherent in conducting educational research “. . . the power of contexts, the ubiquity of interactions and the short half-life of our findings” (20), in our study we followed recommendations in the literature to conduct theory driven and context-sensitive (Pronk 2012) every day research (Bazeley 2012). In doing so, we gathered what Pratt and colleagues (2012) refer to as “type 3 (contextual) evidence” with an

emphasis on external validity. Thus, our “intervention” was developed to match curricular learning objectives and designed as lesson plans to fit into the school day and setting serving to maximize knowledge mobilization. Nonetheless, transferability of the results of the study is of course limited to the reader’s evaluation of similar context. Time limitations prohibited us from returning to the classroom to confirm our findings with participants; an important next step we recognize limits the results as presented here.

A further limitation was that we did not include LGBTQ voices/perspectives in our critical conversations. Such inclusions are necessary to fully avoid binary understandings of gender. Finally, interpreting the results through theoretical lens other than gender may reveal other meanings than we offer at the present.

Implications for Practitioners. As Tisdell (2008) cautions “it’s fruitless for educators to argue the evils of media consumption; what’s far more important is to teach critical media literacy – to teach people to critically analyze the media they are exposed to on a daily basis” (49). We concur and argue that health educators need to implement curricula that are more gender inclusive and which engage students in discussing body types of real girls and boys, women and men. As well, pedagogical approaches need to address the learning strategies preferred by a new generation of students. This includes digital and new media to better understand how they work because “media literacy is not just critical media consumption but media creation” (Rich, 2004, 165).

Health educators’ conversations and activities with adolescents need to foster creative health literacy practices such as critical analysis and reflection. Young and Brozo (2001) suggest, “Texts should be selected that represent gender (masculinities and femininities) in a variety of ways-non stereotypical and stereotypical. Discussion about these texts should highlight how gender is represented” (324). Adolescent girls can be asked about media depiction of how girls are expected to behave in relations with boys and consider alternative portrayals. *How might girls with more assertive behaviours be*

shown in advertisements ... is this likely or not? Why? Such questioning can help boys and girls connect with the notion of choice and power as they transition to adulthood (Williams 2004). Online writing or blogging is common on the issues of men’s/women’s portrayals in the media. Adolescents can be shown ads for products such as Dove soap and its “real beauty” campaign followed by ads for Axe soap. After discussing the contrasts in depictions of girls, health educators can reveal that Unilever made both these products. This controversy can be followed online (e.g., Said 2013) and students can write their own response to the question of goals of advertisers.

Also, while not a primary objective our research also resulted in a youth-developed and youth-centred health resource to communicate positive messages about participation in healthy activities within their school. These public service advertisements were celebrated in the classroom and could serve as examples for health educators to use in other health promoting contexts. For example, the use of such visual activities can serve as models for further health education approaches such as giving adolescents opportunities to produce web sites, comic strips or graphic novels on health themes.

Implications for Researchers. Our qualitative case study does not meet the calls for cross sectional, longitudinal and experimental designs which would quantitatively explicate how media impact students’ understandings of health and identity (e.g., Borzekowski & Rickert 2001). The power of qualitative studies, however, lies in their depth of description to explore a unique case. We recognize that prospective studies are needed that collect additional data on both media and health practices of students, in addition to ethnographic methods, to provide a more comprehensive picture of the progression of adolescents’ critical media health literacy skills.

Second, we have discovered the use of the focus group as a method to facilitate reflection in adolescents. As they discussed interview questions we listened while they worked their way through their own ideas and

gradually shifted their understanding. They became more critically aware as they listened to one another, recognizing the relevance of gender and health issues to their own lives (Lee & Kotler 2011) at both a cognitive and affective level. Adolescents' creation of images using *iMovie* and the creation of puppets, and their subsequent discussion of their activities is not merely different demonstrations of learning but a chance to deepen their understanding in a different mode of communication. This translation is called *transduction*. Transduction is the act of converting one form of communication to another (Marjanovic-Shane, Connery & John-Steiner 2010), especially from one mode such as learning with language, converting those ideas to images and then describing that experience using talk or writing. This conversion involves adolescents in active, critical thinking, and in our study resulted in the exploration of gendered health messages in advertising. As noted above under Limitations, further research on critical media health literacy involving LGBTQ youth also needs to be undertaken.

Conclusion

In their responses to advertising, are adolescents puppets on a string, manipulated helplessly by advertisers or savvy consumers who question advertising messages? Studies such as ours suggest that adolescents are—in fact—not merely puppets on a string, but neither are they yet puppet masters or mistresses of their identities. The answer, it seems, lies somewhere in the middle. Some adolescents are manipulated by advertisers, while others question and resist advertising messages. More importantly, however, this research suggests that activities such as the ones described can have an influence on adolescents' ability to take an active stance, if researchers are willing to engage them in discussions that encourage them, for example, to take time to consider gender in health messages. We encourage other researchers and practitioners to facilitate discussions to not only gather data but also to enact a learning situation which moves adolescents forward on a continuum of

active questioning of media messages. The media relies on passive consumers: we can take a hand in showing adolescents how to carefully consider their response to advertisements. Their health may well depend on it!

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